FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

Brocesing
NAY 13 JUNU NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6) AND/OR** INIFORM LIMITED OFFERING EXEMPTION

| OMB APPROVAL | | | | | | | |
|------------------|-------------|--|--|--|--|--|--|
| OMB NUMBER: | 3235-007 | | | | | | |
| Expires: | May 31, 200 | | | | | | |
| Estimated avera | ge burden | | | | | | |
| hours per respor | se16.00 | | | | | | |

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| | Date Received | | | | | | | |
| | 1 | 1 | | | | | | |

| Name of Offering (☐ check if this if AVETA INC. COMMON STOCK OFF | s an amendment and name b | nas changed, and indic | ate change.) | | |
|---|--|--|----------------------------|-----------|---|
| Filing Under (Check box(es) that apply Type of Filing: New Filing |): ☐ Rule 504 ☐ Rul ☐ Amendment | le 505 ⊠ Rule 506 | ☐ Section 4(6) | ULOE | |
| | A. BASIC IDE | ENTIFICATION DAT | ГА | | |
| 1. Enter the information requested abo | ut the issuer | | | | |
| Name of Issuer (☐ Check if this is an Aveta Inc. | amendment and name has | changed, and indicate | change.) | | CHILDRE FEBRUARI HAND BIRDE HAND DON HERDE HAND |
| Address of Executive Offices 173 Bridge Plaza North, Fort Lee, New | | Street, City, State, Zip | Code) Telephone (201) 969- | | |
| Address of Principal Business Operatio (if different from Executive Offices) | ns (Number and | Street, City, State, Zi | Code) Telephone | Number | 08048178 |
| Brief Description of Business | | | | | |
| Type of Business Organization | | | | | PROCESSED |
| ⊠ corporation ☐ business trust | ☐ limited partnership, ☐ limited partnership, | • | other (please | specify): | 1/ |
| Actual or Estimated Date of Incorporati Jurisdiction of Incorporation or Organiz | on or Organization: [zation: (Enter two-letter U.S | Month Year 1 2 0 5 S. Postal Service abbrev for other foreign jurison | viation for State: | Actual DE | THOMSON REUTERS |
| GENERAL INSTRUCTIONS | | | | | |

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 10

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

| Check Box(es) that Apply: | Promoter | Beneficial Owner | ⊠Executive Officer | Director | ☐ General and/or Managing Partner |
|------------------------------------|---------------------|------------------------------|---------------------|---------------------------------------|--------------------------------------|
| Full Name (Last name first, if ind | lividual) | | | | |
| Rich, Jonathan P. | | | | | |
| Business or Residence Address | (Number and St | reet, City, State, Zip Code |) | | |
| c/o Aveta Inc., 173 Bridge Plaza | North, Fort Lee, No | ew Jersey, 07024 | | | |
| Check Box(es) that Apply: | ⊠Promoter | ⊠Beneficial Owner | ☑ Executive Officer | □ Director | General and/or Managing Partner |
| Full Name (Last name first, if ind | lividual) | | | | |
| Straus, Daniel E. | | | | | |
| Business or Residence Address | (Number and St | reet, City, State, Zip Code |) | | |
| c/o Aveta Inc., 173 Bridge Plaza | North, Fort Lee, Ne | w Jessey, 07024 | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | □ Director | General and/or Managing Partner |
| Full Name (Last name first, if ind | lividual) | | | | |
| Roberts, David | | | | | |
| Business or Residence Address | (Number and S | Street, City, State, Zip Cod | e) | | |
| c/o Aveta Inc., 173 Bridge Plaza | North, Fort Lee, Ne | w Jersey, 07024 | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | ☐ Executive Officer | | General and/or Managing Partner |
| Full Name (Last name first, if ind | lividual) | | | | |
| Foglio, Christiana | | | | | |
| Business or Residence Address | (Number and St | reet, City, State, Zip Code |) | | |
| c/o Aveta Inc., 173 Bridge Plaza | North Fort Lee, Ne | w Jersey, 07024 | | | |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | ☑ Executive Officer | ☑ Director | General and/or Managing Partner |
| Full Name (Last name first, if ind | lividual) | | | · · · · · · · · · · · · · · · · · · · | |
| Shinto, Richard | | | | | |
| Business or Residence Address | (Number and St | reet, City, State, Zip Code |) · | | |
| c/o Aveta Inc., 173 Bridge Plaza | North, Fort Lee, Ne | w Jersey, 07024 | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | ☑ Executive Officer | □ Director | General and/or Managing Partner |
| Full Name (Last name first, if ind | lividual) | • | | | |
| Torricelli, Robert | | | | | |
| Business or Residence Address | (Number and St | reet, City, State, Zip Code |) | | |
| c/0 Aveta Inc., 173 Bridge Plaza | North, Fort Lee, Ne | w Jersey, 07024 | | | |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | Executive Officer | □ Director | General and/or Managing Partner |
| Full Name (Last name first, if ind | lividual) | · | | | |
| Mark, Joseph D. | | | | | |
| Business or Residence Address | (Number and St | reet, City, State, Zip Code |) | | |
| c/o Aveta Inc., 173 Bridge Plaza | North, Fort Lee, Ne | w Jersey, 07024 | | | |

Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Promoter **⊠**Director Managing Partner Full Name (Last name first, if individual) Altman, Stuart H. (Number and Street, City, State, Zip Code) Business or Residence Address c/o Aveta Inc., 173 Bridge Plaza North, Fort Lee, New Jersey, 07024 Check Box(es) that Apply: Beneficial Owner Executive Officer **⊠** Director General and/or ☐ Promoter Managing Partner Full Name (Last name first, if individual) Kolatch, Jonathon D. **Business or Residence Address** (Number and Street, City, State, Zip Code) c/o Aveta Inc., 173 Bridge Plaza North, Fort Lee, New Jersey, 07024 Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Solomont, Alan D. **Business or Residence Address** (Number and Street, City, State, Zip Code) c/o Aveta Inc., 173 Bridge Plaza North, Fort Lee, New Jersey, 07024 Check Box(es) that Apply: Beneficial Owner Director General and/or ☐ Promoter Managing Partner Full Name (Last name first, if individual) Cole, Warren Business or Residence Address (Number and Street, City, State, Zip Code) c/o Aveta Inc., 173 Bridge Plaza North, Fort Lee, New Jersey, 07024 Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Chevance, Claude **Business or Residence Address** (Number and Street, City, State, Zip Code) c/o Aveta Inc., 173 Bridge Plaza North, Fort Lee, New Jersey, 07024 Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) St. Clair, Rod Business or Residence Address (Number and Street, City, State, Zip Code) c/o Aveta Inc., 173 Bridge Plaza North, Fort Lee, New Jersey, 07024 Promoter ☐ Executive Officer ☐ Director General and/or Check Box(es) that Apply: ■ Beneficial Owner Managing Partner Full Name (Last name first, if individual) Daniel E. Straus 1997 Family Trust II (Number and Street, City, State, 'Zip Code) **Business or Residence Address** c/o Aveta Inc., 173 Bridge Plaza North, Fort Lee, New Jersey, 07024 Check Box(es) that Apply: Promoter Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) AG MMM, LLC **Business or Residence Address** (Number and Street, City, State, Zip Code) c/o Aveta Inc., 173 Bridge Plaza North, Fort Lee, New Jersey, 07024 Check Box(es) that Apply. Beneficial Owner Executive Officer Director ☐ Promoter ☐ General and/or

A. BASIC IDENTIFICATION DATA

S

Full Name (Last name first, if individual)

Redwood Master Fund, Ltd

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Aveta Inc., 173 Bridge Plaza North, Fort Lee, New Jersey, 07024

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| | | | | • ' | В. | INFORM | AATION | ABOUT (| FFERIN | G | | | | |
|-----|--|------------|-------------|------------|------------|------------|----------------------------|---|-----------|---|----------|-------------|----------|-------------|
| | | | | | | ., | | | | | | | Yes | No |
| 1. | Has th | e issuer s | old, or do | es the iss | uer intend | i to sell, | to non-ac | credited i | nvestors | in this of | fering? | | | Ø |
| | | | | Ar | iswer also | in Appe | ndix, Co | lumn 2, if | filing ur | ider ULO | E. | | | |
| 2. | What | is the mir | nimum in | vestment 1 | hat will b | e accepte | d from a | ny individ | iual? | | | | \$30,000 | |
| | | | | | | | | | | | | | Yes | No |
| | | | ng permit | - | • | • | | | | • | | | | |
| 4. | Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. | | | | | | | | | | | | | |
| Fu | ıll Nam | e (Last na | ame first, | if individ | ual) | | | | | , | • | | | |
| N/A | | or Reside | nce Addr | ess (Num | her and S | treet Cit | v State : | Zin Code | <u> </u> | | <u> </u> | | | |
| | 25111055 | or reside | ince i ida. | | our union | arcei, On | <i>y</i> , o.a.c, <i>i</i> | aip code, | , | | | | | |
| Na | ime of | Associate | d Broker | or Dealer | | | | | | | | · | | |
| St | ates in ' | Which Pe | rson List | ed Has Sc | licited or | Intends | to Solicit | Purchase | rs | | | | | |
| | (Chec | k "All St | ates" or c | heck indi | vidual Sta | ites) | ••••• | *********** | | ****** | | | 🔲 Al | ll States |
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| - 1 | IL | IN | lA | KS | KS | KY | LA | ME | MA | MA | Ml | MN | MS | MO |
| 1 | MT | NE | NV | NH | NH | NJ | NM | NY | ND | ND | ОН | OK | OR | PA |
| | RI | SC | SD | TN | TN | TX | UT | VT | WA | WA | WV | WI | WY | PR |
| Fu | ıll Nam | e (Last na | ame first, | if individ | ual) | · | | | | | | | | |
| | | | | | | | | | | | | | | |
| Ві | isiness | or Reside | nce Addr | ess (Num | ber and S | treet, Cit | y, State, Z | Zip Code) |) | | | | | |
| Na | ame of | Associate | d Broker | or Dealer | • | | | | | | | | | |
| St | ates in ' | Which Pe | erson List | ed Has So | licited or | Intends | to Solicit | Purchase | rs | | | | | |
| | (Chec | k "All St | ates" or c | heck indi | vidual Sta | ites) | •••••• | *************************************** | | *************************************** | | | 🔲 AI | l States |
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| Fu | II Nam | e (Last na | ame first, | if individ | ual) | | | | · <u></u> | | | | | |
| Вι | ısiness | or Reside | nce Addr | ess (Num | ber and S | treet, Cit | y, State, 2 | Zip Code) |) | | | | ······ | |
| Na | ame of a | Associate | d Broker | or Dealer | | | | | | | | | | |
| St | ates in | Which Pe | rson List | ed Has Sc | licited or | Intends | o Solicit | Purchase | rs | | | | | · |
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(Use blank sheet, or copy and use additional copies ofthis sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already

| | Type of Security | Aggregate Offering Price | Amount Already Sold |
|----|---|----------------------------------|----------------------------|
| | Debt | \$ | s |
| | Equity | \$ 800,000 | |
| | ☑ Common ☐ Preferred | | |
| | Convertible Securities (including warrants) | \$ | s |
| | Partnership Interests | \$ | s |
| | Other (Specify) | \$ | s |
| | Total | \$ 800,000 | \$ _575,356 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | |
| | parenases on the total fines. Enter of fraisher is finite of zero. | Aggregate Number Investors | Dollar Amount of Purchases |
| | Accredited Investors | _18 | s |
| | Non-accredited Investors | 0 | \$0 |
| | Total (for filings under Rule 504 only) | N/A | \$N/A |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C— Question 1. | | |
| | Type of Offering | Type of Security | Dollar Amount Sold |
| | Rule 505 | N/A | \$ <u>N/A</u> |
| | Regulation A | N/A | \$_N/A |
| | Rule 504 | N/A | \$ <u>N/A</u> |
| | Total | N/A | S _N/A |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| | Transfer Agent's Fees | | □ s |
| | Printing and Engraving Costs | | □ s |
| | Legal Fees | | S 15,000_ |
| | Accounting Fees | | |
| | Engineering Fees | | |
| | Sales Commissions (specify finders' fees separately) | _ | □ s |
| | Other Expenses (identify) | | □ s |
| | Total | | S \$ 15,000 |

| b. Enter the difference between the aggre 1 and total expenses furnished in response gross proceeds to the issuer." | | \$ <u>785,000</u> | | |
|--|---|---|--|-------------------------|
| used for each of the purposes shown. estimate and check the box to the left of t adjusted gross proceeds to the issuer set for | he estimate. The total of the payment | s listed must equal the | | |
| | | | Payments to Officers, Directors, & Affiliates | e Payments To Others |
| Salaries and fees | | | □ s | □ s |
| Purchase of real estate | | | □ s | □ s |
| Purchase, rental or leasing and installat | | | □ \$ | □ s |
| Construction or leasing of plant buildir | gs and facilities | | □ s | □ \$ |
| Acquisition of other businesses (includ that may be used in exchange for the as to a merger) | sets or securities of another issuer pur | suant | □ \$ | □ s |
| Repayment of indebtedness | | *************************************** | □ s | □ s |
| Working capital | | | □ s | □ s |
| Other (specify):To be used for gene | eral corporate purposes. | | □ s | S 785,000 |
| • • • | | | | |
| | | | □ \$ | □ \$ |
| Column Totals | *************************************** | | <u>\$_0.00</u> | \$ 785,000 |
| Total Payments Listed (column totals a | dded) | | ∴ \$ _ | 785,000 |
| | 4 | | | |
| issuer has duly caused this notice to be | prigned by the undersigned duly au | thorized person. If this | notice is filed | under Rule 505, (|
| owing signature constitutes an undertakin staff, the information furnished by the issu | g by the issuer to furnish to the U.S. S | Securities and Exchange | Commission, up | on written request |
| ner (Print or Type) | Signature | | Date May 15 | , 2008 |
| ETA INC. | Jonathy | 1 Cich | | <u></u> |
| me of Signer (Print or Type) athan P. Rich | Title of Signer (Print or Type) Senior Vice President | | | |

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| 1. | the sometimes of the second second | E. STATE SIGNATURE | and the second second |
|-----|--|--|---|
| 1. | Is any party described in 17 CFR 230.262 prof such rule? | esently subject to any of the disqualification provisions | Yes No □ ⊠ |
| | | See Appendix, Column 5, for state response. | |
| 2. | The undersigned issuer hereby undertakes t (17 CFR 239.500) at such times as required | o furnish to any state administrator of any state in which t by state law. | this notice is filed a notice on Form D |
| 3. | The undersigned issuer hereby undertakes to offerees. | o furnish to the state administrators, upon written request, | information furnished by the issuer to |
| 4. | The undersigned issuer represents that the Offering Exemption (ULOE) of the state exemption has the burden of establishing the | issuer is familiar with the conditions that must be satisfied in which this notice is filed and understands that the is at these conditions have been satisfied. | to be entitled to the Uniform Limited ssuer claiming the availability of this |
| | ne issuer has read this notification and kno idersigned duly authorized person. | ws the contents to be true and has duly caused this not | tice to be signed on its behalf by the |
| İss | suer (Print or Type) | Signature | Date May 15, 2008 |
| A' | VETA INC. | frather Cit | |
| | ame (Print or Type) nathan P. Rich | Title (Print or Type) Senior Vice President | |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

| 1 | 2 3 | | | <u> </u> | 4 | 5 | | | |
|-------|--------|--|--|--------------------------------------|---|--|--------|---|--|
| | non-ac | to sell to credited rs in State 3-Item 1) | Type of security and aggregate offering price offered in state (Part C - Item 1) | | Type of investor and amount purchased in State Park C-Item 2) | | | Disqualific State (if yes, explana waiver (Part E- | ULOE attach ation of granted) |
| State | Yes | No | Common Stock \$800,000 | Number of Accredited Investors | Amount | Number of Non- Accredited Investors | Amount | Yes | No |
| AL | | | | | | | | | |
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APPENDIX

| 1 | 2 3 | | | 5 | | | | | |
|-------|-------------------|---|--|--------------------------------------|---|--|--------|--|----|
| | non-ad investo | to sell to ccredited rs in State 3-Item 1) | Type of security and aggregate offering price offered in state (Part C - Item 1) | | Type of investor and amount purchased in State Park C-Item 2) | | | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | |
| State | Yes | No | Common Stock \$800,000 | Number of Accredited Investors | Amount | Number of Non- Accredited Investors | Amount | Yes | No |
| NH | | | | | | | | | |
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| WY | | | | | | | | | |
| PR | | х | 66 | 18 | \$800,000 | 0 | N/A | | х |

